House Amendment 1106 PAG LIN Amend House File 752 as follows: $2 \pm 1.$ By striking everything after the enacting 3 clause and inserting the following: 4 <Section 1. Section 135.11, Code 2005, is amended 5 by adding the following new subsection: 6 <u>NEW SUBSECTION</u>. 19A. Develop a model plan for 7 institutional health facilities as defined in section 8 135.61, maternal health centers, and other providers 9 under the purview of the department that provide 10 services to women during pregnancy or immediately 11 following the birth of a child. The model plan shall 12 address a provider's provision of mental health 13 assessments and referrals to women receiving services 14 from the provider during pregnancy and postpartum. 15 Sec. 2. Section 135.106, subsection 2, paragraph 16 d, Code 2005, is amended to read as follows: 1 15 17 d. Provision of systematic screening, prenatally 1 18 or upon the birth of a child, to identify high=risk 19 families. The screening process shall include but is 20 not limited to provision of mental health assessments 21 and referrals of women during pregnancy and 22 postpartum. Sec. 3. Section 255A.2, Code 2005, is amended by 24 adding the following new unnumbered paragraph: NEW UNNUMBERED PARAGRAPH. The services provided 26 under the statewide obstetrical and newborn indigent 27 patient care program shall include but are not limited 28 to mental health assessments and treatment during 29 pregnancy and postpartum for the women covered by the 30 program. 31 Sec. 4. Section 514C.12, subsection 1, Code 2005, 32 is amended to read as follows: 33 1. Notwithstanding section 514C.6, a person who 34 provides an individual or group policy of accident or 35 health insurance or individual or group hospital or 36 health care service contract issued pursuant to 37 chapter 509, 509A, 514, or 514A or an individual or 38 group health maintenance organization contract issued 1 39 and regulated under chapter 514B, which is delivered, 40 amended, or renewed on or after July 1, 1996, and 1 41 which provides maternity benefits, which are not 1 42 limited to complications of pregnancy, or newborn care 43 benefits, shall not terminate inpatient benefits or 44 require discharge of a mother or the newborn from a 45 hospital following delivery earlier than determined to 46 be medically appropriate by the attending physician 47 after consultation with the mother and in accordance 48 with guidelines adopted by rule by the commissioner. 1 49 The guidelines adopted by rule shall be consistent 50 with or may adopt by reference the guidelines for 1 perinatal care established by the American academy of 2 pediatrics and the American college of obstetricians 2 3 and gynecologists which provide that when 4 complications are not present, the postpartum hospital 5 stay ranges from a minimum of forty=eight hours for a 6 vaginal delivery to a minimum of ninety=six hours for 7 a cesarean birth, excluding the day of delivery. 8 guidelines adopted by rule by the commissioner shall 9 also provide that in the event of a discharge from the 10 hospital prior to the minimum stay established in the 11 guidelines, a postdischarge follow-up visit shall be 12 provided to the mother and newborn by providers 13 competent in postpartum care and newborn assessment if 2 14 determined medically appropriate as directed by the 2 15 attending physician, in accordance with the 2 16 guidelines. <u>In addition, the guidelines shall provide</u> 2 17 for coverage of mental health assessment and treatment 2 18 of women provided during pregnancy and postpartum

2 20 section that are delivered, amended, or renewed on or
2 21 after July 1, 2005.>
2 22 #2. Title page, by striking lines 1 through 3 and
2 23 inserting the following: <An Act relating to services
2 24 available to women during pregnancy and postpartum.>

2 19 under the policies and contracts subject to this

2 25 2 26 2 27 2 28 MASCHER of Johnson 2 29 HF 752.303 81 2 30 pf/cf/381